2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# L06000106768

Entity Name: REIGHARD-LIESE, LLC

Current Principal Place of Business:

401 OVERSTREET AVENUE
LONGWOOD, FL 32750

New Principal Place of Business:

Current Mailing Address:

401 OVERSTREET AVENUE
LONGWOOD, FL 32750

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BETH-ANN SCHULMAN, LLC
30 S. ELM AVENUE
SANFORD, FL 32771 US

Name and Address of New Registered Agent:

KAREN Z REIGHARD
401 OVERSTREET AVE
LONGWOOD, FL 32750 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: KAREN Z REIGHARD 04/30/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	REIGHARD, KAREN Z	
Address:	401 OVERSTREET AVENUE	
City-St-Zip:	LONGWOOD, FL 32750	
Title:	MGRM	( ) Delete
Name:	REIGHARD, TIMOTHY R	
Address:	401 OVERSTREET AVENUE	
City-St-Zip:	LONGWOOD, FL 32750	
Title:	MGRM	( ) Delete
Name:	LIESE, STEPHEN	
Address:	502 OAK LANE	
City-St-Zip:	MAITLAND, FL 32751	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: KAREN Z REIGHARD MGRM 04/30/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date